

Employment Application

Kanawha County Emergency Ambulance Authority



P.O. Box 292
Charleston, WV
25321

304.345.2312

www.kceaa.org

KANAWHA COUNTY EMERGENCY AMBULANCE AUTHORITY

APPLICATION FOR EMPLOYMENT

TO APPLICANT: FEDERAL AND STATE LAWS REQUIRE THAT ALL APPLICATIONS BE CONSIDERED WITHOUT REGARD TO RACE, RELIGION, SEX, AGE OR NATIONAL ORIGIN.

(PLEASE PRINT)

DATE _____

NAME _____ **SOCIAL SECURITY NO.** ____-- ____-- ____
LAST FIRST MIDDLE

PERSONAL

ADDRESS _____
NUMBER STREET CITY STATE ZIP

TELEPHONE NO. ____ - ____ - _____ **REFERRED BY:** **OUR ADVT.** **FRIEND OR RELATIVE** **NO ONE**

POSITION(S) APPLIED FOR _____ **FULL TIME** **PART TIME**

HAVE YOU WORKED FOR US BEFORE? **YES** **NO** **IF YES, WHEN?** _____ **POSITION** _____

EDUCATION

NAME & LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE
ELEMENTARY			
HIGH SCHOOL			
COLLEGE	MAJOR:		
	DEGREE:		
EMS			

ARE YOU OVER 18 YEARS OF AGE? **YES** **NO** **IF NO, STATE YOUR AGE?** _____
(EMPLOYMENT SUBJECT TO MINIMUM LEGAL AGE VERIFICATION)

ARE YOU A U.S. CITIZEN? **YES** **NO** **IF NO, CAN YOU LEGALLY REMAIN PERMANENTLY IN THE US?** _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME (EXCLUDING MISDEMEANORS AND TRAFFIC OFFENSES)? **YES** **NO**

IF YES, LIST CONVICTIONS: _____

KCEAA APPLICATION PAGE 2

- Are you willing to work overtime? _____

- Date available for Work? _____

- Do you know any reason why you cannot perform the essential functions of the position for which you are applying? _____

PRIOR EMPLOYMENT

Employer:	Phone:	From:	To:
Address: City, State, ZIP		Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	
Employer:	Phone:	From: XXXXXXXXXXXXXXXXXXXX [K	
Address: City, State, ZIP		Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	
Employer:	Phone:	From:	To:
Address: City, State, ZIP		Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	

May we contact your present employer? YES NO

MILITARY

BRANCH OF SERVICE	FROM	TO	RANK & DUTIES	DATE DISCHARGED

KCEAA APPLICATION PAGE 3

YOUR QUALIFICATIONS

WV OPERATOR # _____

WV EMT # _____ **EXPIRATION DATE** _____

WV MICP # _____ **EXPIRATION DATE** _____

NR EMT-P # _____ **EXPIRATION DATE** _____

ACLS PROVIDER _____ **EXPIRATION DATE** _____

ITLS/PHTLS _____ **EXPIRATION DATE** _____

PEPP _____ **EXPIRATION DATE** _____

CPR _____ **EXPIRATION DATE** _____

EMS/FIRE SERVICE RELATED TRAINING: _____

EMS/FIRE/PROFESSIONAL AFFILIATIONS (OTHER THAN LISTED UNDER PRIOR EMPLOYMENT):

KCEAA APPLICATION PAGE 4

Describe for us any qualifications or information, personal or professional, that you feel would be beneficial for us to know when considering your application.

The information provided by myself in this application for employment is true and complete to the best of my knowledge. I understand that if I am employed, misrepresentation or any false statements may be considered cause for dismissal. I hereby authorize you to investigate all statements in this application as may be necessary. I further understand that this application is not intended to be a contract of employment, nor does this application obligate Kanawha County Emergency Ambulance Authority in any way. Furthermore, I understand that if I am hired, my employment can be terminated with or without cause at any time at the discretion of either the authority or myself. I also understand that this application will remain active for only thirty (30) days, unless I contact Kanawha County Emergency Ambulance Authority in writing on a continuous basis that I am still available for employment.

DATE: _____ SIGNATURE OF APPLICANT: _____

Office Use Only

Written Score _____ Date _____

Practical Score _____ Date _____

Interview YES NO Date _____

Physical YES NO

Hire Date: Part time _____ Full time _____

DMV Check: _____ Comments _____